

Work Order ID 110794

January-07-14 3:03:39 PM

110794

Page 1

Item ID: D2690-3 Accept ***N900040100*** Setup Start ***NS1***
 Revision ID: Stop ***NS2***
 Item Name: Lanyard Assembly
 Start Date: 1/07/14 Start Qty: 5 ***1*** Cust Item ID:
 Required Date: 1/07/14 Req'd Qty: 1.00 ***1*** Customer:
 Reference:

Approvals: Process Plan: WLS Date: 14-01-08 Tooling: Date: Run Start ***NR1***
 QC: Date: SPC (Y/N): Date: Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
D2690	

100	Small Fab	0.00							
100									
Small Fab	Memo	0.00							
Small Fab	Manufacture as per Dwg D2690								

***As per dwg note, crimp only one end, other end will be crimp at assembly.
 Make sure that second sleeve loop is tape with cable.***

110	QC5- Inspect part completeness to step on W/O	0.00							
110									
QC	Memo	0.00							
Quality Control									

120	Identify as per dwg & Stock Location <u>80/4</u>	0.00							
120									
Packaging	Memo	0.00							
Packaging									

DAS
26
9-89

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width:100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>																

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Work Order ID 110794

January-07-14 3:03:39 PM

110794

Page 2

Item ID: D2690-3 Accept ***N19000040100*** Setup Start ***NS1***
Revision ID: Stop ***NS2***
Item Name: Lanyard Assembly
Start Date: 1/07/14 Start Qty: 1.00 ***1*** Cust Item ID:
Required Date: 1/07/14 Req'd Qty: 1.00 ***1*** Customer:
Reference:

Approvals: Process Plan: Date: Tooling: Date: Run Start ***NR1***
QC: Date: SPC (Y/N): Date: Stop ***NR2***

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130	QC21- Final Inspection - Work Order Release	0.00							
130									
QC	Memo	0.00							
Quality Control									

MLJ 14-04-02
MLJ 14-04-02

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

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Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other _____ _____ _____
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Picklist Print

January-07-14 3:03:38 PM

Page 1

Work Order ID: 110794
Parent Item: D2690-3
Parent Item Name: Lanyard Assembly

Start Date: 1/07/14 Required Date: 1/07/14
Start Qty: 1.00 Required Qty: 1.00

Comments: IPP: CC03.04.04Reformat; Incorporated D2690-XKJ/RF

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
<input checked="" type="checkbox"/> CBL-1240 Cable		Purchased	No			110	f	143.3084	1	1		14/04/02	PS
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				GA		143.3084							
				123283		143.3084				5			
CBL-460 Loop Sleeve		Purchased	No			100	Each	390.0000	2	2		14/04/02	PS
				<u>Location</u>		<u>Loc Qty</u>		<u>Loc Code</u>					
				GA		390							
				125499		5							
				m127811		385				10			

DQA: _____ Date: _____



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Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

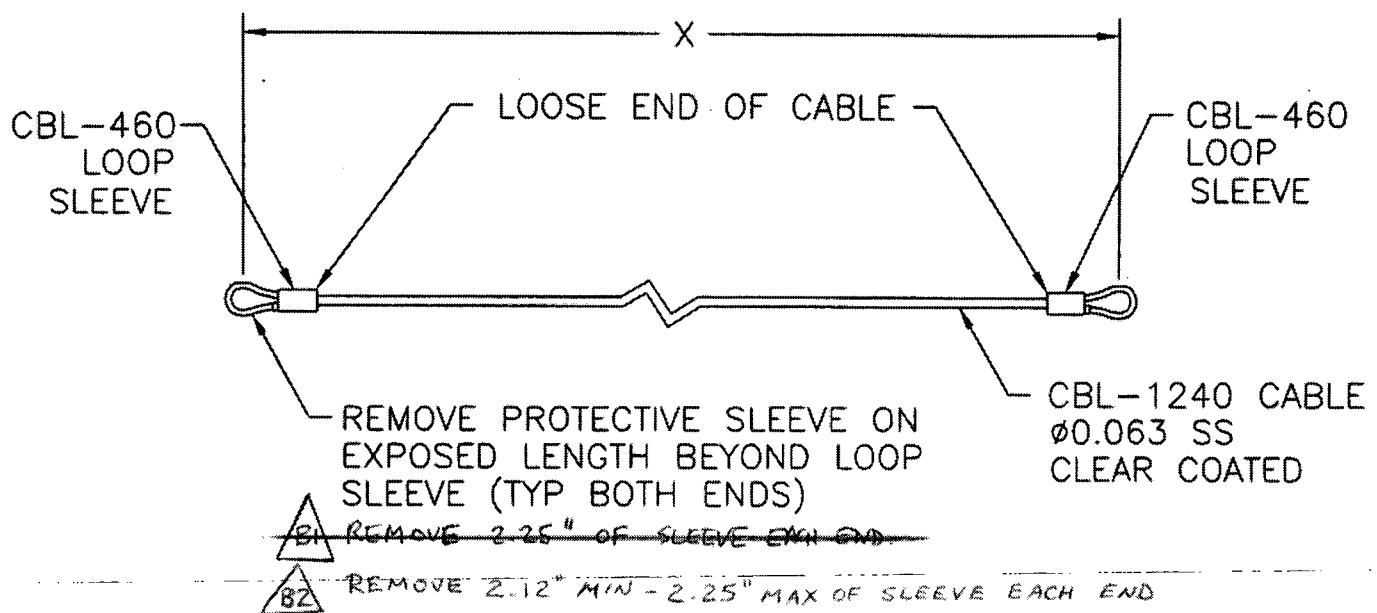
FAULT CATEGORY

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DESIGN <i>ME</i>	DRAWN BY <i>KE</i>	DART AEROSPACE LTD VICTORIA INTERNATIONAL AIRPORT, CANADA	
CHECKED <i>ME</i>	APPROVED <i>BW</i>	DRAWING NO. D2690	REV. B SHEET 1 OF 1
DATE 97.10.02		TITLE LANYARD ASSEMBLY	SCALE NTS
A	97.07.03	NEW ISSUE	
B	97.10.02	REVISED NOTE FOR ADDITIONAL LENGTH	
B1	CP 01.08.20	ADD NOTE TO REMOVE 2.25" OF SLEEVE	
B2	CP 04.06.24	ADDED TOLERANCE	

RELEASED
971003 KE
TSR A374



D2690-X

X = LENGTH IN INCHES

NOTE: CUT CABLE 2.50* INCHES LONGER THAN 'X' LENGTH. FOLD ENDS TIGHT TO 'X' LENGTH AND CRIMP WITH SLEEVE AT END OF LOOSE END OF CABLE WITH CBL-705 CRIMPING TOOL.
*ADDITIONAL LENGTH MAY BE NECESSARY IN SOME APPLICATIONS. CUT AS REQUIRED.

NOTE: IN SOME CASES, END HAS TO BE CRIMPED AFTER ASSEMBLY WITH ATTACHING PARTS.

DEO's

